

under procedures established by the State.

**§ 1002.214 Basis for reinstatement after State agency-initiated exclusion.**

(a) The provisions of this section and § 1002.215 apply to the reinstatement in the Medicaid program of all individuals or entities excluded in accordance with § 1002.210, if a State affords reinstatement opportunity to those excluded parties.

(b) An individual or entity who has been excluded from Medicaid may be reinstated only by the Medicaid agency that imposed the exclusion.

(c) An individual or entity may submit to the State agency a request for reinstatement at any time after the date specified in the notice of exclusion.

**§ 1002.215 Action on request for reinstatement.**

(a) The State agency may grant reinstatement only if it is reasonably certain that the types of actions that formed the basis for the original exclusion have not recurred and will not recur. In making this determination, the agency will consider, in addition to any factors set forth in State law—

(1) The conduct of the individual or entity occurring prior to the date of the notice of exclusion, if not known to the agency at the time of the exclusion;

(2) The conduct of the individual or entity after the date of the notice of exclusion; and

(3) Whether all fines, and all debts due and owing (including overpayments) to any Federal, State or local government that relate to Medicare or any of the State health care programs, have been paid, or satisfactory arrangements have been made, that fulfill these obligations.

(b) Notice of action on request for reinstatement. (1) If the State agency approves the request for reinstatement, it must give written notice to the excluded party, and to all others who were informed of the exclusion in accordance with § 1002.212, specifying the date on which Medicaid program participation may resume.

(2) If the State agency does not approve the request for reinstatement, it will notify the excluded party of its decision. Any appeal of a denial of reinstatement will be in accordance with State procedures and need not be subject to administrative or judicial review, unless required by State law.

**Subpart D—Notification to OIG of State or Local Convictions of Crimes Against Medicaid**

**§ 1002.230 Notification of State or local convictions of crimes against Medicaid.**

(a) The State agency must notify the OIG whenever a State or local court has convicted an individual who is receiving reimbursement under Medicaid of a criminal offense related to participation in the delivery of health care items or services under the Medicaid program, except where the State Medicaid Fraud Control Unit (MFCU) has so notified the OIG.

(b) If the State agency was involved in the investigation or prosecution of the case, it must send notice within 15 days after the conviction.

(c) If the State agency was not so involved, it must give notice within 15 days after it learns of the conviction.

**PART 1003—CIVIL MONEY PENALTIES, ASSESSMENTS AND EXCLUSIONS**

Sec.

1003.100 Basis and purpose.

1003.101 Definitions.

1003.102 Basis for civil money penalties and assessments.

1003.103 Amount of penalty.

1003.104 Amount of assessment.

1003.105 Exclusion from participation in Medicare, Medicaid and all Federal health care programs.

1003.106 Determinations regarding the amount of the penalty and assessment.

1003.107 Determinations regarding exclusion.

1003.108 Penalty, assessment, and exclusion not exclusive.

1003.109 Notice of proposed determination.

1003.110 Failure to request a hearing.

1003.114 Collateral estoppel.

1003.126 Settlement.

1003.127 Judicial review.

1003.128 Collection of penalty and assessment.